

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality – Laboratory Licensing Programs
Spring Grove Center – Bland Bryant Building, 1st Floor
55 Wade Avenue
Catonsville, Maryland 21228
Voice: 410-402-8025 Facsimile: 410-402-8213

Office Use Only:

Date Rec'd: _____

Check #: _____ Amt \$ _____

Date Completed: _____

Laboratory Licensing Change Form

Old Name of Lab: _____

Date of Request: _____

State Permit #: _____ CLIA #: _____

REQUESTED CHANGES (Please check all that apply):

☐ Change of Name: _____

☐ Change of Address: _____

☐ Change of Ownership & EIN#: _____

☐ Change of Director (Please attach a copy of the director's medical license, medical diploma & board certification (required)): _____

☐ Change of Test Menu (Please check whether adding or removing test(s) and list the test(s)):

<input type="checkbox"/> Adding Test(s)

<input type="checkbox"/> Removing Test(s)

☐ Facility is closed (effective date: _____)

Please return form by fax to: 410-402-8213 Or

By Mail to: Attention: Lab Licensing
OHCQ – BB Bldg
55 Wade Avenue, 1st Floor
Catonsville, MD 21228

☐ Based on the changes requested above I am requesting an updated Letter of Permit Exception or General Permit to be printed and mailed to me (checking this may generate an invoice and require a payment prior to receiving an updated permit)

Director's Signature and date (required): _____